

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043752

STATE FILE NUMBER

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

280

FILED NOV 19 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1887

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY Chariton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly | | c. CITY OR TOWN Wayland Township | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital | | d. STREET ADDRESS (If outside, give location) 6 miles North of Salisbury | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Philip Middle Jacob Last Elmore | | 4. DATE OF DEATH Month Nov. Day 4 Year 1962 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/26/1882 |
| 9. AGE (last birthday) 80 | | IF UNDER 1 YEAR Months 80 Days 0 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general farming | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Chariton Co. Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Frank Elmore | |
| 13b. MOTHER'S MAIDEN NAME Christine Slevster | | 14. NAME OF HUSBAND OR WIFE Elsie Elmore | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Mrs. Philip Elmore, Salisbury, Mo. | | Address [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Adenocarcinoma rectum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma rectum DUE TO (c) [REDACTED] | | | INTERVAL BETWEEN ONSET AND DEATH 15 months |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 9:48pm Month, Day, Year July 10 1961 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Salisbury | COUNTY Chariton STATE Mo. |
| 21. attended the deceased from July 10 1961 to Nov 4 1962 and last saw him alive on Nov 4, 1962 Death occurred at 9:48pm on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] | | 22b. ADDRESS 346 Woodland Avenue Moberly | 22c. DATE SIGNED 11/5/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11/6/62 | 23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery, Salisbury, Mo. | 23d. LOCATION (City, town, or county) (State) Salisbury, Mo. |
| 24. FUNERAL DIRECTOR Chas. B. Wink | | 25. DATE RECD. BY LOCAL REG. 11-6-62 | 26. REGISTRAR'S SIGNATURE [Signature] |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas B Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.